

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a
separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: _____ Case Number: _____

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: DR. JUSTIN MCCORMICK

Premise Name: COPPER RIDGE EQUINE SPORTS MEDICINE & SURGERY

Premise Address: 37506 N 11TH AVE

City: PHOENIX State: AZ Zip Code: 85086

Telephone: (480) 201-5682

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: SANDI & TERRIS FAXTES

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: _____ Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: BLUE SAGE McCUE
Breed/Species: HORSE
Age: 14 Sex: F Color: DARK BAY

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

DR. ALYSSA BUTLER (480) 766-2163

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

JEAN SIMMONS (_____) _____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Linda Arches Torres Jones

Date: 8/10/2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

ATTACHED IS THE LETTER THAT WAS SENT TO COPPER
RIDGE EQUINE DETAILING OUR CASE.

June 26, 2020

Dr's Justin & Christine McCormick:

It is quite apparent that Sage and her foals care were grossly mishandled, due to obvious incompetence and negligence. Sage was my special horse and soul mate, and our family. I wasn't able to ride Sage any more so I wanted her foal to raise and show and ride. We were lucky to get this breeding to a world champion stallion and were looking forward to a show future for the foal. We trusted you with her care. A stomach tube should have been inserted immediately and left in for feeding purposes. This would have enabled the tech to feed him properly without a chance of aspirating fluid. He was not getting enough nutrition, with only a cup of formula every few hours. He was aspirating it into his lungs. I have a picture of his nose in the bucket with several inches of formula in it. Christine finally tubed him the third day he was there, but by then it was too late. When the baby was dying, Christine told me he had milk in his lungs. When she was trying to resuscitate the foal, she told the tech to go get some oxygen. The tech wandered back to the stall after the baby had died with a huge oxygen tank on a dolly. Christine came to me in a state of panic in the middle of doing CPR saying that the milk got into the lungs. You should not leave the foal in the middle of doing CPR. She should have called for assistance.

Its unbelievable that a large clinic like Copper Ridge doesn't have portable oxygen tanks available. They also didn't have any cameras in the stall where Sage and the baby were. It was hot out and the fan wasn't on. We had to turn it on ourselves. They should have been monitored more closely, not every three hours. We also noticed meconium present after the baby died. I asked Christine if she gave the baby an enema when he was delivered and she said yes, but there should not be an meconium after three days. I have delivered 18 plus foals and their meconium came out within 5 hours after birth.

When I brought dead Avatar in the back of our car, I asked the vet to bring Sage to the car. Christine said no because she thought Sage wasn't attached to Avatar because she did not nurse him. I told her that Sage loved her baby. Christine was wrong and Sage did get so upset that we

brought her to see Avatar. She was upset. Then I asked Christine if I could stay with Sage because we are soulmates and I knew she would feel lonely. Around 11 pm Sage died with stitches bursting open. Neither vet knew why. If I would have been allowed to stay with Sage that would not have happened. I found that was strange. The vet didn't have sense enough to understand the horse behaviors. She was never prepared for all this happening.

That same night Christine called me at midnight and told me Sage had died. She didn't say how, just that there was no sign of a struggle and they found her dead after not checking on her for three hours. Evidently her stitches failed. I don't think you were being honest with us when you told us you didn't know what happened with Sage. You said Sage didn't need to be in and ICU stall. She had been cut open. That needs constant monitoring.

There were several other people who witnessed the situation who are knowledgeable in horse care who agree with our observation of your handling of our horses care. We also have talked to several vets and horse breeders and they agree that you were totally incompetent.

You made some terrible mistakes and misjudgments and this has to be corrected. You killed my mare and my baby. We are traumatized that because of your negligence we lost our beloved Sage and her foal Avatar. Consequently, with two dead horses and less than adequate care, we will not be paying the bill. We hope you can understand our situation and anguish over the loss of our two horses and find it in your hearts to eliminate any charges to us. If this isn't rectified and the charges eliminated, we will be forced to seek legal council.

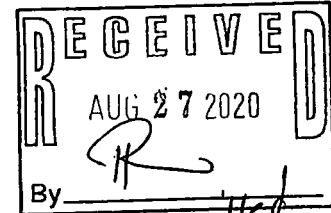
COPPER RIDGE EQUINE

SPORTS MEDICINE & SURGERY

3120 W Carefree Hwy Suite 1 639 Phoenix, AZ 85086 | 480-281-5682 | info@cridgeequine.com

21-12, 13

August 25, 2020

Sandi and Terris Inches
[REDACTED]
[REDACTED]

Dear Sandi and Terris Inches,

In consideration of your letter dating June 26, 2020, and phone conversations thereafter, we are issuing the following reply. We took your allegations seriously and completed a thorough review of the veterinary care provided in this matter. We concluded that none of veterinary care or services fell below the applicable standard of care. In answer to the specific accusations made regarding incompetent and negligent medical care, please see your opinion in black and our response in blue.

"A stomach tube should have been inserted immediately and left in for feeding purposes. This would have enabled the tech to feed him properly without a chance of aspirating fluid."

From the beginning, the Inches were counseled to be prepared for an abnormal or non viable foal. They were advised there is likely developmental problems with the foal causing the foal to not signal partition (labor) in the mare. The foal was reportedly 20+ days overdue and every day a foal goes overdue the placental insufficiency can increase, causing developmental problems in the foal to get worse and worse with each passing day. Postmature foals (overdue foals) are predisposed to a myriad of health issues including gastrointestinal, metabolic, and endocrine dysregulation. The mare did not have any milk so the decision was made to try allowing the foal to eat for himself from a bucket. The reasons for choosing this method first are as follows:

1. The foal had a weak suckle-swallow reflex which can predispose them to uncoordinated swallowing and aspirating milk into their lungs. There is always an increased risk for aspiration in an ill or maladjusted foal. The head and larynx position when drinking from a bucket, as opposed to a bottle, decreases the risk of aspiration. Allowing the foal to attempt to drink on his own will stimulate increased coordination of swallowing as well as stimulate gastrointestinal health and motility in the most natural way possible.
2. Stomach tube placement does not come without the following risks: laryngeal trauma, gastrointestinal tract infection, aspiration if the foal dislodges the tube, tube failure, colic. It is not indicated to immediately place an indwelling feeding tube when there is a chance the foal can eat on his own.

"He was not getting enough nutrition, with only a cup of formula every few hours. He was aspirating it into his lungs. I have a picture of his nose in the bucket with several inches of formula in it."

The foal died from a single incident of milk aspiration at 3:30pm on May 10th; he was not aspirating milk into his lungs every time he dunked his nose in the bucket while eating. If this were true the foal would have been battling aspiration pneumonia from the start. It is normal for bucket fed foals to dunk their nose intermittently while eating without harm.

As for nutrition, the feeding plan was meticulously written, monitored, and recorded to follow industry standards. He did not meet our projected goals for milk intake and the placement of a feeding tube was considered at every step. For the following reasons, tube feeding was not initiated until 11am on May 10th:

1. It is well published and well agreed upon by internal medicine specialists that the risks of overfeeding a maladjusted foal greatly outweigh the risks of underfeeding. Some experts even prefer to approach these foals with a hypocaloric plan understanding that all their nutritional needs may not be met, yet to avoid the detrimental consequences of overfeeding. The ability of this foal to appropriately digest and metabolize the nutrients provided was not guaranteed and therefore makes overfeeding a very real concern.
2. The benefits of allowing him to eat on his own were carefully weighed against the risks of tube feeding or an indwelling feeding tube.
3. His vigor to eat and amount consumed varied from feeding to feeding make the decision less straightforward.

"Christine finally tubed him on the third day he was there, but by then it was too late."

This foal did not die of starvation. His bloodwork at 3pm on May 10th (one hour before his unfortunate passing) indicated adequate hydration, normal electrolytes, and most importantly normal glucose level. He was not starving or dying. His vitals taken at 11am on May 10th were within normal limits indicating he was not in a critical, or dying state.

On a related note, the owner and clinicians concerns for the foals declining willingness to stand or eat were of great concern and not ignored. The foal's bloodwork did however indicate low bicarbonate which easily accounts for his declining willingness. It is common for foals with an impending diarrhea to quickly lose bicarbonate and once corrected with fluid therapy they regain vigor almost instantly. Specialist would attest this foal was likely less vigorous due to low bicarbonate than hypoglycemia or starvation.

The low bicarbonate is also further evidence that this foal likely had an impending diarrhea, supporting that he was maladjusted from birth. He was a high risk foal from the beginning.

"When the baby was dying, Christine told me he had milk in his lungs. When she was trying to resuscitate the foal, she told the tech to go get some oxygen. The tech wandered back to the stall after the baby had died with a huge oxygen tank on a dolly. Christine came to me in a state of panic in the middle of doing CPR saying that the milk got into the lungs. You should not leave the foal in the middle of doing CPR. She should have called for assistance."

When the milk began to discharge from the foals nose, respiratory arrest ensued followed by cardiac arrest. Mouth to nose resuscitation then CPR was initiated immediately. The critical care guidelines of ABDC (Airway, Breathing, Circulation, Drugs) were followed. During this time Terris Inches was near the stall but on the phone with a trusted friend. Resuscitation was not interrupted but only to strongly encourage Terris to get off the phone so I could explain what was happening. She stayed on the phone despite my requests asking the guidance of the friend instead of talking with me. There was an assistant present. The assistant did leave to go get oxygen but it needs to be understood that oxygen was for the purpose of supporting the foal primarily IF CPR was successful, not to bring the foal back to life.

"It is unbelievable that a large clinic like Copper Ridge Equine doesn't have portable oxygen tanks available."

The assistant did bring back portable oxygen.

"They also didn't have cameras in the stall where Sage and the baby were. It was hot out and the fan wasn't on. We had to turn it on ourselves. They should have been monitored more closely, not every 3 hours."

Sage and Avatar were handled every 2 hours. Every two hours Sage was observed and the foal was fed and handled. There were 2 veterinarians on site 24 hours. There was also a technician in the barn 24 hours. Sage nor the baby were in critical states. The fans are turned on every morning during the hot months of the year.

"We also noticed meconium present after the baby died. I asked Christine if she gave the baby an enema when he was delivered and she said yes, but there should not be an meconium after 3 days."

The foal was given an enema after birth and meconium passed.

"When I brought dead Avatar in the back of our car, I asked the vet to bring Sage to the car. Christine said no because she thought Sage wasn't attached to Avatar because she did not nurse him. Christine was wrong and Sage did get so upset that we brought her to see Avatar."

At the request of the Inches (and in agreement with them) the deceased foal was allowed to lay in the stall for the mare to acknowledge until we all felt appropriate timing to take him out and put him in the Inches car. I helped load the foal into the car when the Inches were ready. When the foal was taken out Sage showed signs of agitation, so we collectively decided to bring her out of the stall and let her smell and acknowledge the baby for as long as she needed to. There were absent signs in normal fetal-maternal bonding behavior but I did not deny allowing her to acknowledge the deceased foal nor say they were not attached.

"Around 11pm Sage died with stitches bursting open. Neither vet knew why. If I would have been allowed to stay with Sage that would not have happened." "That same night Christine called me at midnight and told me Sage had died. She didn't say how, just that there was no sign of a struggle and they found her dead after not checking on her for 3 hours. Evidently her stitches failed. I don't think you were being honest with us when you told us you didn't know what happened with Sage."

Sage's vitals were taken at 6pm, they were within normal limits and there were no concerns. She was then observed at 9pm standing quietly in her stall and with a good appetite. She was not pacing, agitated, nor displaying anything unusual. At midnight check she was found deceased in her stall of unknown cause. Her abdominal incision was partially dehiscd with a small portion of her colon exposed. Unfortunately, there were no external indications for the cause of death. Incisional failure was likely not the primary cause of death for the following reasons:

1. Her incision was monitored carefully post operatively and never showed any signs of compromise. The incision was tight and dry and appeared exactly how it should post operatively.
2. The amount of exposed GI tract was minimal and not covered in shavings nor macerated. If a horse eviscerates they do not die immediately. The intestines can be exposed (get dirty and torn) for several hours before shock and death ensue. It is much more likely the incision partially dehiscd on impact when she went down due to her large size.
3. The stall was not heavily disturbed indicating death was sudden with no struggle. The state she was found in supports something abrupt such a heart attack or aneurysm.
4. On a more subjective note, Dr. Justin McCormick has performed over 1,000 abdominal surgeries in the past 5 years without any incisional failure. A statistic that far supersedes most equine surgeons.

A necropsy (post mortem exam) would have provided a cause of death but was declined by the Inches. An offer was made to have the Inches come and see Sage deceased that they also declined.

"You said Sage didn't need to be in an ICU stall. She had been cut open. That needs constant monitoring."

As proven in the medical records, Sage did very well post operatively. She never displayed any indication of being in critical condition or needing intensive care. Her death was very unexpected and consistent with an unrelated unfortunate event.

On July 27, 2020 Christine reached out to Terris Inches and spoke with her on the phone regarding the letter and accusations. We expressed that we took their allegations seriously and completed a comprehensive review of the veterinary care provided. We concluded that none of veterinary care or services fell below the applicable standard of care. Christine and Copper Ridge Equine expressed their sympathy to the unfortunate outcome and eagerness to work together on a financial plan we were both comfortable with. We expressed to the Inches that we would gladly give our time for free and hope that they could be compassionate to the considerable expense that went into the elective C-section resources and labor. The surgery alone required 3 veterinarians who have all given their time for free as well as 4 technicians. We offered the Inches the following options:

1. Set up a payment plan that they were comfortable with. Any monthly amount that they could provide over any length of time.
2. 20% off the total services if the invoice could be paid in full.
3. If the Inches still did not think either of those were fair, we encouraged them to come up with an amount they were comfortable with and we would work together.

Terris Inches called back the following day and declined all offers. She made no offer to work together in any fashion. She threatened she would be posting her letter on social media (which was done on Aug 10th and Aug 20th) in hopes that we would change our minds and negate her bill completely.

In conclusion, the deaths of both Sage and Avatar were very heartbreaking. Our deepest condolences are still extended to the Inches. We understand the grief and frustration of the loss whole heartedly, as we carry it too, however the accusations made are not only false but unfounded.

Sincerely,



Christine McCormick, DVM

September 7, 2020

Christine McCormick, DVM
37506 N 11th Ave
Phoenix, AZ 85086

Justin McCormick, DVM, MS, DACVS
37506 N 11th Ave
Phoenix, AZ 85086

Arizona Veterinary Medical Examining Board
1740 West Adams Street, Suite 4600
Phoenix, AZ 85007

To Whom It May Concern:

In regard to complaints 21-12 and 21-13 filed by Sandi and Terris Inches on August 18th, 2020, please accept this summary of our involvement with this case and the relevant details. Please also refer to Christine McCormick's formal response to the Inches that addresses each of their individual accusations.

During the horse's hospitalization, all verbal communication was with Terris Inches and she translated everything to Sandi Inches in American Sign Language. There is concern that carefully chosen verbiage and medical terminology was not understood and potentially altered in communication to Sandi Inches.

On May 8th, 2020, we received a referral call from Dr. Alyssa Butler. She examined the Inches mare "Sage" that morning. She reported that Sage was suspected 388+ days gestation with no signs of impending parturition. The Inches believed labor was starting at 3am the evening before because the mare became uncomfortable. Dr. Butler's exam revealed normal vitals and minimal fetal movement, so she referred to Copper Ridge Equine for further evaluation.

Our initial evaluation of "Sage" was consistent with Dr. Butler's; no signs of partition, no signs of abdominal pain, vitals within normal limits, and foal movement present on rectal exam. No records were provided by the Inches regarding reproductive history or artificial insemination date, they only reported she was inseminated at Jean Simmons ranch. The options of waiting versus an elective cesarean section, and the risks associated with both were discussed at length with the Inches. Due to the risk of dystocia and adverse effects that increase in severity with each day overdue (1), the Inches elected cesarean section. The Inches were counseled that there is likely a problem with the fetus that it is not signaling parturition in the mare and to be prepared for an abnormal or non-viable foal. If the foal is viable, it will likely need intensive care. No natural colostrum ingestion as well as the sequelae of post maturity make the foal highly predisposed to: sepsis, respiratory compromise and failure, colic, indigestion, ileus, enteritis, umbilical infections, corneal ulcers, endocrine and metabolic dysregulation, muscle hypotonia, aspiration due to poor swallowing coordination, etc. (2).

The surgery was performed that day without complication.

Post operatively the foal displayed characteristics of being post mature. Overall, he was not normal but did show hopeful signs that he would thrive. As documented in the medical records, he was treated with 24 hour (Q2) intensive care. He was never in critical condition during his stay here but did begin to decline in vigor on May 10th. The Inches primary concerns are that we did not insert an indwelling feeding tube immediately after birth to provide him nutrition, which they believe ultimately lead to his death. This is not true. The foals feeding regimen was meticulously calculated and recorded according to internal medicine guidelines, and tube feeding was considered at every step. An indwelling feeding tube is not immediately indicated before first seeing if the foal can drink on his own. Bucket feeding was attempted first for the following reasons:

1. Enteral feeding is always preferred for physiologic benefits over parenteral if the GI tract can tolerate food (3)
2. Head and laryngeal positioning when drinking from a bucket decrease risk of aspiration
3. Drinking on their own promotes strengthening and coordination of a weak suckle-swallow reflex
4. Grave risks are associated with overfeeding a foal that is highly predisposed to GI dysmotility and enterocolitis (4)
5. Risks are associated with maintaining an indwelling feeding tube (5)
6. He intermittently drank well on his own

At 11am on May 10th tube feeding was initiated and he received 2 feedings. The foal had adequate borborygmi and no reflux which suggested he was able to tolerate the feedings but many unknowns make it not absolute. At 3pm on May 10th, due to the foals decline in vigor despite 2 tube feedings, along with bloodwork displaying low bicarbonate and metabolic acidosis, a decision was made to place an IV catheter. The foal would be started on IV fluids to support the cardiovascular system and correct the metabolic derangement. It is important to note at this point that the foal was not dying or in critical condition. His bloodwork indicated adequate hydration, normal electrolytes and normal blood glucose. His vitals taken at 11am were within normal limits. The foal was lightly sedated for catheter placement due to the strict aseptic technique required for a foal at high risk for sepsis. It is highly likely this foal had an impending necrotizing enterocolitis which makes catheter placement even more crucial. While in lateral recumbency the foal aspirated and unfortunately expired due to it. Aspiration was a high risk for this foal from the beginning and every precaution was taken to try to minimize it. The treatment plan for this foal was developed based on published evidence, mindfully constructed and in compliance with the applicable standard of care.

In regard to the mare Sage, despite retained fetal membranes, post operatively she did very well. She was managed on antibiotics, anti-inflammatories and uterine lavages and the retained membranes were recovered without consequence. The Inches' primary concerns are that the mare was highly distraught over the death of her foal and that she died of incisional failure. As indicated by the medical records, on May 10th around 4pm the mare was sedated for agitation when the deceased foal was taken out, but she quickly settled and remained calm for the remainder of the evening. This was witnessed by myself and 2 additional technicians; she was eating well and standing quietly. The mare was observed normal at 9pm but at 12am she was found deceased in her stall.

Due to the following findings, it is likely that the mare died of an unexpected event unrelated to the surgery such as an aortic rupture, cardiac failure, or stroke:

1. Her incision was monitored carefully post operatively and never showed any signs of compromise. The incision was tight and dry and appeared exactly how it should post operatively.
2. The amount of exposed GI tract was minimal and not covered in shavings nor macerated. A horse that dies from evisceration is likely to drag around the intestines for potentially hours before shock and death ensue. It is much more likely the incision partially dehiscd on impact when she unexpectedly went down due to her large size (she weighed an estimated 1,400 pounds).
3. The stall was not heavily disturbed indicating death was sudden. The state she was found in supports something abrupt with no struggle.
4. On a more subjective note, Dr. Justin McCormick has performed over 1,000 abdominal surgeries in the past 5 years without any incisional failure. A statistic that far supersedes most equine surgeons.

A necropsy was offered and encouraged especially due to the unexplainable nature of the death, but was declined by the owners.

On July 27th 2020, Christine reached out to Terris Inches and spoke with her on the phone regarding the letter she had written and her accusations. We expressed that we took their allegations seriously and completed a comprehensive review of the veterinary care provided in this matter. We concluded that none of the veterinary care or services fell below the applicable standard of care. Christine and Copper Ridge Equine expressed their sympathy to the unfortunate outcome and eagerness to work together on a financial plan we were both comfortable with. We expressed to the Inches that we would gladly give our time for free and hope that they could be compassionate to the considerable expense that went into the elective C-section resources and labor. The surgery alone required 3 veterinarians who all gave their time for free and 4 technicians. We repeatedly expressed our sympathies and offered various options with respect to the Inches outstanding bill. Terris Inches called back the following day and declined all of our offers. She made no offer to work together in any fashion.

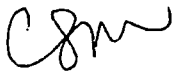
The Inches brought their mare to Copper Ridge Equine for evaluation of what they reported to be a late term gestation. This mare was not bred by a veterinarian and breeding records were not provided. They were informed of the risks of both giving the mare more time vs cesarian section to remove the fetus. They elected to take the mare to surgery to remove the fetus via cesarian section. Prior to surgery they signed a consent form that they understood the risks and would agree to pay for services.

It is unfortunate that both the mare and foal did not survive. The total invoice was adjusted in compassion with their loss to a reduced total. The Inches have developed a false narrative, in the form of a letter, that suggests the cases were managed with negligence in an effort not to pay their bill. Despite threats to publish these false statements on social media we have attempted to work with them to reconcile their outstanding balance. On August 10th and August 20th, the Inches letter was posted on social media. On August 18th, the same letter was presented to the Arizona State Veterinary Medical Examination Board requesting investigation into the matter.

Arizona Veterinary Medical Examining Board
1740 West Adams Street, Suite 4600
September 7, 2020
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In conclusion, although the outcome of these cases was unfortunate (and honestly emotionally wrecking for us), we do not feel the care was negligent or fell below the standards of veterinary practice.

Sincerely,



Christine McCormick, DVM



Justin McCormick, DVM, MS, DACVS

- 1-Paradis Mary. Equine Neonatal Medicine. Elsevier Health Sciences, 2006.
- 2- Palmer JE Prematurity, dismaturity, postmaturity. Proceedings of the IVECCS VI 1998, p. 722-3.
- 3- McKenzie III, H. (2007) "How to Provide Nutritional Support of Sick Neonatal Foals", *AAEP Annual Convention - Orlando, 2007*.
- 4- Reed Stephen. Equine Internal Medicine. Saunders; 2nd Edition (December 17, 2003).
- 5- Buechner-Maxwell, V. (2012) "Practical Approach to Nutritional Support of the Dysphagic Foal", *AAEP Annual Convention - Anaheim, 2012*.



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
Brian Sidaway, DVM - **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-13
Complainant(s): Sandi and Terris Inches
Respondent(s): Justin McCormick, DVM (License: 4932)

SUMMARY:

Complaint Received at Board Office: 8/18/20
Committee Discussion: 12/1/20
Board IIR: 1/20/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On May 8, 2020, "Blue Sage McCue," a 14-year-old female Warmblood horse was presented to Dr. C. McCormick for evaluation. The horse was past her due date to foal with no signs of parturition. Complainants were given options to either wait or perform an elective cesarean section, along with the risks of both. Complainant chose caesarian section.

Surgery was performed by Respondent; the foal was post mature but showed signs that he could thrive.

On May 10, 2020, a feeding tube was inserted but the foal continued to decline therefore IV catheter placement was recommended. During the IV catheterization, the foal aspirated and passed away.

Later that evening, the mare was found dead in her stall.

Complainants were noticed and appeared telephonically.

Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Sandi and Terris Inches*
- Respondent(s) narrative/medical record: *Justin McCormick, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Alyssa Butler, DVM*
- Witness(es) Statement(s): *Jean Simmons*

PROPOSED 'FINDINGS of FACT':

1. On April 18, 2019, the horse was bred at Jean Simmons's facility by one of her stallions.
2. On May 6, 2020, Dr. Butler was called out to Complainants' home due to their horse was past her due date to foal. The horse was 383 days in foal and still had minimal udder development. Dr. Butler could feel her foal and could see movement from the exterior left side of her abdomen. When asked about inducing, Dr. Butler explained to them that induction could be risky considering the foals lungs are the last thing to develop and it would have to be done at a hospital. The horse was not in distress at that time. Dr. Butler discussed causes of prolonged gestation with Complainants, including placentitis, thus she dispensed antibiotics. Dr. Butler would be available if the horse had a difficulty delivery.
3. On May 8, 2020, Dr. Butler evaluated the horse – she was bright and alert, eating and acting herself; vitals were normal. Dr. Butler palpated the horse rectally and felt the foal within the birth canal but he had not reached the cervix. Minimal movement of the foal was appreciated. Dr. Butler recommended referral for ultrasound to evaluate the foal. Complainants agreed and hauled the mare to be evaluated by Dr. C McCormick.
4. Dr. C. McCormick evaluated the mare. It was reported that the mare was 388+ days gestation with no signs of impending parturition. The horse became uncomfortable around 3:00am thus Complainants believed the horse was in labor. Dr. C. McCormick noted no signs of parturition, no signs of abdominal pain, vitals normal, and foal movement of rectal exam. She discussed at length the options of waiting vs an elective cesarean section and the risks of both. Due to the risks of dystocia and adverse effects that increase in severity with each day, Complainants elected cesarean section. Dr. C. McCormick explained that there was likely a problem with the fetus that it is not signaling parturition in the mare and to be prepared for an abnormal or non-viable foal. If the foal was viable, it would likely need intensive care.
5. The surgery was performed that day by Dr. C. McCormick's associate without complication. Respondent stated that post operatively, the foal displayed characteristics of being post mature. Overall, the foal was not normal but did show hopeful signs that he would thrive; he was treated with 24 hour intensive care. The foal was evaluated and noted to have a large frame with thin body condition. Ears were droopy; severe entropion with corneal edema to both eyes that completely obstructed vision; weak suckle reflex; cardiac auscultation was strong and regular; pulmonary auscultation crackles bilaterally; borborygmi adequate in all quadrants; and peripheral pulses strong and synchronous.
6. A liter of plasma was administered IV – the foal was moved to recovery stall with the mare – no attempts to right or stand. Later the foal was moved to the barn with the mare. The foal was intermittently stimulated and encouraged to stand with periods of rest to allow mare/foal

bonding. The foal began to stand with assistance – fleet enema administered and meconium passed. Per NGI, the foal was given approximately 15oz of colostrum from donor mare and held in standing position for 15 minutes post feeding. Later that evening bucket feeding was attempted – the foal displayed present but weak suckle-swallow reflux – foal interested in milk but did not ingest any or display swallowing. Later the foal did successfully drink approximately 8oz of milk from the bucket; stood with assistance.

7. Throughout the night, the foal was drinking milk from the bucket every 2 – 3 hours; 16oz, 2oz, 12oz.

8. On May 9, 2020, the foal had a depressed mentation but was responsive (T-96.3; P-72; R-20), hypothermic and weak. Respondent's assessment was post-mature sequalae, congenital brain defect or malformation, metabolic dysregulation, and other. The foal was to be bucket fed 110oz, assistance with standing and walking, stimulate and warm blankets. Additionally the foal was to be administered probiotic paste, nutritional supplement, Omeprazole, metronidazole, eye ointment, Madigan Squeeze, umbilical dip and PCV/TP.

9. Later in the day, it was noted that the foal's mentation varied between responsive and obtunded. He had vigor to stand and eat was decreasing. Dr. C. McCormick stated that if the foal did not meet the required milk ingestion, tube feedings or indwelling feeding tube would be considered given the foal's overall clinical impression and absence of signs of feed intolerance.

10. The mare was BAR, eating well, and her incision was dry and tight with no swelling. She was treated with Domperidone, Gentamicin, Penicillin Procaine and Flunixin. Later in the day, the mare was sedated with detomidine, the vulva was aseptically prepped and the uterus was lavaged with sterile saline until effluent clear. No placenta was recovered.

11. On May 10, 2020, Dr. C. McCormick evaluated the foal – not much change from the previous day. The treatment plan was the same, except the goal for food intake increased to 220oz.

12. The mare was BAR and eating well. The treatment remained the same as the previous day. The horse was again sedated with detomidine for uterine lavage with sterile saline.

13. At 11:00am, NGI feeding was started due to the foal not eating enough on his own. Blood work was also performed and revealed the foal had metabolic acidosis. Due to the foal's lack of increased vigor since tube feeding in conjunction with the blood work, Dr. C. McCormick decided to place an IV catheter for fluid therapy to support the foal's cardiovascular system and correct metabolic derangement. If the foal did not respond to IV fluid therapy, a recommendation will be made to transfer to an internal medicine specialist.

14. At 3:00pm, the foal was sedated with butorphanol and diazepam IV and placed in lateral recumbency. Upon aseptic preparation of the jugular vein for catheter placement, milk began to discharge from the foal's nose. The foal shortly thereafter went into respiratory arrest then cardiac arrest. CPR was immediately initiated but was unsuccessful.

15. The foal was left in the mare's stall for the mare to acknowledge. When Complainants too the deceased foal, the mare began to pace and show signs of agitation. The mare was

sedated with detomidine which provided relaxation.

16. At midnight, the mare was found dead in her stall; cause unknown. She was last observed at 9:00pm. The abdominal incision was partially dehisced with a small amount of GI tract exposed. A small amount of colon was exposed and not covered in shavings supporting incision dehiscence was not the primary cause of death. Stall bedding did not show signs of being heavily disturbed suggesting abrupt death such as heart attack or aneurysm. The horse had been doing well therefore the horse's death was believed to be unrelated. Complainants were notified and necropsy was declined.

17. Complainants expressed concerns that a feeding tube was not placed immediately, that Dr. C. McCormick left the foal during CPR and a portable oxygen tank was not available. Additionally, they felt that cameras should have been in the stall and the fan was not on. Complainants believed the mare passed away due to the sutures failing at the incision site.

18. Dr. C. McCormick explained that stomach tube placement comes with risks and it is not indicated to immediately place an indwelling feeding tube when there is a chance the foal can eat on his own. There is always a risk for aspiration in an ill or maladjusted foal. The head and larynx position when drinking from a bucket, as opposed to a bottle, decreases the risk of aspiration. Allowing the foal to attempt to drink on his own will stimulate increased coordination of swallowing as well as stimulate GI health and mobility in the most natural way possible.

19. Dr. C. McCormick stated that the assistant did bring the portable oxygen tank when the foal arrested. The mare did well post-operatively. There was no indication of being in critical condition or needing intensive care. The mare's death was unexpected and consistent with an unrelated event and not from the surgery.

COMMITTEE DISCUSSION:

The Committee discussed that this was a difficult and tragic situation. Neo-natal care can be rather dynamic – medically there was a lot of judgment calls made by Respondent and there were no inappropriate medical treatment the Committee could identify.

The NG tube was not placed initially; leaving a NG tube in is not done in these situations due to deficiencies to the nerves in the pharynx area and there is a possibility of causing trauma to the pharynx, as well as risk of infection. An IV catheter was attempted to be placed – due the temperament of foals, this can cause stress and can be traumatic, which is why the foal was sedated. The foal was medically delicate and the risks vs the benefits had to be weighed before attempting any procedure.

The Committee discussed that at times when a person is emotionally distressed and upset, they may not hear or comprehend what is being said. Respondent stated she explained what a necropsy was and why it would be beneficial to help get answers on why the horse died. There were statements by staff stating the horse's stall was not that disturbed -- what would be considered a mess to one person may be different to another.

Respondent spent much time with Complainants explaining what occurred and were available

to answer any questions they had.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division